How to file a petition to reopen

If your disability has gotten worse after a workers' compensation judge has issued an award, this form can be used to reopen your case.

You should get a medical report from your doctor saying your condition has worsened, and collect any other facts that support your case.

Complete the form, following the attached sample. Be sure to sign and date the form.

You have five years from the date of injury to file this petition.

If the insurance company won't voluntarily reopen your case and you are ready for a hearing, fill out a declaration of readiness to proceed (see I&A guide 5) and submit it with your petition.

Mail the original forms to your local Workers' Compensation Appeals Board office. Send a copy to the insurance company handling your claim. Keep a copy for your records.

If you need help, call an Information and Assistance (I&A) office, or attend a workshop for injured workers. The local I&A phone numbers are listed on the back of this guide. You can get information on a local workshop from the I&A office or on the Web at www.dir.ca.gov/dwc.

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations different than those presented here.

I&A 11 Rev. 5/05

DIVISION OF WORKERS' COMPENSATION DISTRICT OFFICES

ANAHEIM, 92801-1162

1661 N. Raymond Ave., Suite 202 Information & Assistance Unit (714) 738-4038

BAKERSFIELD, 93301-1929

1800 30th Street, Suite 100 Information & Assistance Unit (**661**) **395-2514**

EUREKA, 95501-0481

100 "H" Street, Suite 202 Information & Assistance Unit **(707) 441-5723**

FRESNO, 93721-2280

2550 Mariposa Street, Suite 4078 Information & Assistance Unit (559) 445-5355

GOLETA, 93117-3018

6755 Hollister Avenue, Suite 100 Information & Assistance Unit (805) 968-4158

GROVER BEACH, 93433-2261

1562 W. Grand Avenue Information & Assistance Unit (805) 481-3380

LONG BEACH, 90802-4339

300 Oceangate Streets, Suite 200 Information & Assistance Unit (562) 590-5240

LOS ANGELES, 90013-1105

320 West 4th Street, 9th Floor Information & Assistance Unit **(213) 576-7389**

MARINA DEL REY, CA 90292

4720 Lincoln Blvd. 2nd floor Information & Assistance Unit **(310) 482-3858**

OAKLAND, 94612-1402

1515 Clay Street, 6th Floor Information & Assistance Unit **(510) 622-2861**

OXNARD, 93030

2220 East Gonzales Road, Suite 100 Information & Assistance Unit **(805)** 485-3528

POMONA, 91766-1601

732 Corporate Center Drive Information & Assistance Unit (909) 623-8568 REDDING, 96001-2796

2115 Civic Center Drive, Suite 15 Information & Assistance Unit (530) 225-2047

RIVERSIDE, 92501-3337

3737 Main Street, Suite 300 Information & Assistance Unit (951) 782-4347

SACRAMENTO, 95825-2403

2424 Arden Way, Suite 230 Information & Assistance Unit (916) 263-2741

SALINAS, 93906-2204

1880 North Main Street, Suites 100 & 200 Information & Assistance **(831) 443-3058**

SAN BERNARDINO, 92401-1411

464 West Fourth Street, Suite 239 Information & Assistance Unit (909) 383-4522

SAN DIEGO, 92108

7575 Metropolitan Drive, Suite 202 Information & Assistance Unit **(619) 767-2170**

SAN FRANCISCO, 94102-7002

455 Golden Gate Avenue, 2nd Floor Information & Assistance Unit **(415) 703-5020**

SAN JOSE, 95113-1482

100 Paseo de San Antonio, Suite 241 Information & Assistance Unit **(408) 277-1292**

SANTA ANA, 92701-4070

28 Civic Center Plaza, Suite 451 Information & Assistance Unit (714) 558-4597

SANTA ROSA, 95404-4760

50 "D" Streets, Suite 420 Information & Assistance Unit (707) 576-2452

STOCKTON, 94202

31 East Channel Street, Suite 344 Information & Assistance Unit (209) 948-7980

VAN NUYS, 91401-3373

6150 Van Nuys Blvd., Suite 105 Information & Assistance Unit **(818) 901-5374**

Department of Industrial Relations Division of Workers' Compensation WORKERS' COMPENSATION APPEALS BOARD STATE OF CALIFORNIA

Your Name)	Case No. your WCAB case number	
VS.	Applicant,)	PETITION TO REOPE	
Your employer and insurance company)) Defendants ₎		
Petitioner hereby requests that the above-	entitled action b	e reopened for the following reasons:	
Explain in your words why you feel your case should be reopened			
PROOF OF SERVICE (WCAB RULE 10514)			
On today's date at city		your signature	
(date) (place)		Petitioner	
Copy mailed to following addresses:			
(1) WCAB		your address Address	
(2) insurance company		Attorney for Petitioner	
		Address of Attorney	
your signature			

(Signature)

Department of Industrial Relations Division of Workers' Compensation WORKERS' COMPENSATION APPEALS BOARD STATE OF CALIFORNIA

)	Case No.
) Applicant,)	
VS.)	PETITION TO REOPEN
)	
	Defendants)	

Petitioner hereby requests that the above-entitled action be reopened for the following reasons:

PROOF OF SERV (WCAB RULE 10		
On	at (place)	 Petitioner
Copy mailed to f	following addresses:	
		Address
		Attorney for Petitioner
		Address of Attorney
	 ignature)	